

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Immunization/Division of Epidemiology

Immunization Requirements for School Attendance Medical Exemption Statement for Children 0-18 Years of Age

NOTE: THIS EXEMPTION FORM APPLIES ONLY TO IMMUNIZATIONS REQUIRED FOR SCHOOL ATTENDANCE

Instructions:

1. Complete information (name, DOB etc.).
2. Indicate which vaccine(s) the medical exemption is referring to.
3. Complete contraindication/precaution information.
4. Complete date exemption ends, if applicable.
5. Complete medical provider information. Retain copy for file. Return original to facility or person requesting form.

1. Patient's Name [REDACTED]
2. Patient's Date of Birth [REDACTED]
3. Patient's Address [REDACTED]
4. Name of Educational Institution Coxsackie / Athens School District

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturers' package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website: <http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>.

Please indicate which vaccine(s) the medical exemption is referring to:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Haemophilus Influenzae type b (Hib) | <input checked="" type="checkbox"/> Measles, Mumps, and Rubella (MMR) |
| <input checked="" type="checkbox"/> Polio (IPV or OPV) | <input checked="" type="checkbox"/> Varicella (Chickenpox) |
| <input checked="" type="checkbox"/> Hepatitis B (Hep B) | <input checked="" type="checkbox"/> Pneumococcal Conjugate Vaccine (PCV) |
| <input checked="" type="checkbox"/> Tetanus, Diphtheria, Pertussis (DTaP, DTP, Tdap) | <input checked="" type="checkbox"/> Meningococcal Vaccine (MenACWY) |

Please describe the patient's contraindication(s)/precaution(s) here: See attached

Date exemption ends (if applicable)

A New York State licensed physician must complete this medical exemption statement and provide their information below:

Name (print) Peter Farman NYS Medical License # [REDACTED]
Address 1499 New Scotland Rd
Slingerlands NY 12159 Telephone 518-320-7517
Signature [Signature] Date 10/4/19

For Institution Use ONLY: Medical Exemption Status ☐ Accepted ☐ Not Accepted Date: _____



1499 New Scotland Rd
Slingerlands NY 12159
518-320-7517

October 5, 2019

RE: [REDACTED]

DOB: [REDACTED]

To Whom It May Concern,

Haemophilus Influenzae type b (Hib)

This immunization may be detrimental to [REDACTED] health. Patient meets the definition of "precaution" which includes a condition that might increase the risk for a serious adverse reaction or any condition that might confuse diagnostic accuracy. The risk from the vaccine is believed to outweigh the benefit. Patient suffers from Pediatric Autoimmune Neurological Disorder Associated with Streptococcus (PANDAS), mitochondrial dysfunction, thyroid disease, induced environmental porphyria, hypoglycemia, irritable bowel syndrome, increased intestinal permeability, gluten enteropathy, and multiple food and environmental allergies. These moderate or severe illnesses may be episodic with acute onset. This precaution avoids causing diagnostic confusion between manifestations of the underlying illnesses and possible adverse effects of vaccination or superimposing adverse effects of the vaccine on the underlying illnesses.

Polio (IPV or OPV)

This immunization may be detrimental to [REDACTED] health. Patient meets the definition of "precaution" which includes a condition that might increase the risk for a serious adverse reaction or any condition that might confuse diagnostic accuracy. The risk from the vaccine is believed to outweigh the benefit. Patient suffers from Pediatric Autoimmune Neurological Disorder Associated with Streptococcus (PANDAS), mitochondrial dysfunction, thyroid disease, induced environmental porphyria, hypoglycemia, irritable bowel syndrome, increased intestinal permeability, gluten enteropathy, and multiple food and environmental allergies. These moderate or severe illnesses may be episodic with acute onset. This precaution avoids causing diagnostic confusion between manifestations of the underlying illnesses and possible adverse effects of vaccination or superimposing adverse effects of the vaccine on the underlying illnesses.

Hepatitis B (Hep B)

This immunization may be detrimental to [REDACTED] health. Patient meets the definition of "precaution" which includes a condition that might increase the risk for a serious adverse reaction or any condition that might confuse diagnostic accuracy. The risk from the vaccine is believed to outweigh the benefit. Patient suffers from Pediatric Autoimmune Neurological Disorder Associated with Streptococcus (PANDAS), mitochondrial dysfunction, thyroid disease, induced environmental porphyria, hypoglycemia, irritable bowel syndrome, increased intestinal permeability, gluten enteropathy, and multiple food and environmental allergies. These moderate or severe illnesses may be episodic with acute onset. This precaution avoids causing diagnostic confusion between manifestations of the underlying illnesses and

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possible adverse effects of vaccination or superimposing adverse effects of the vaccine on the underlying illnesses.

Tetanus, Diphtheria, Pertussis (DTaP, DTP, Tdap)

This immunization may be detrimental to [REDACTED] health. Patient meets the definition of "precaution" which includes a condition that might increase the risk for a serious adverse reaction or any condition that might confuse diagnostic accuracy. The risk from the vaccine is believed to outweigh the benefit. Patient suffers from Pediatric Autoimmune Neurological Disorder Associated with Streptococcus (PANDAS), mitochondrial dysfunction, thyroid disease, induced environmental porphyria, hypoglycemia, irritable bowel syndrome, increased intestinal permeability, gluten enteropathy, and multiple food and environmental allergies. These moderate or severe illnesses may be episodic with acute onset. This precaution avoids causing diagnostic confusion between manifestations of the underlying illnesses and possible adverse effects of vaccination or superimposing adverse effects of the vaccine on the underlying illnesses.

Measles, Mumps, and Rubella (MMR)

This immunization may be detrimental to [REDACTED] health. Patient meets the definition of "precaution" which includes a condition that might increase the risk for a serious adverse reaction or any condition that might confuse diagnostic accuracy. The risk from the vaccine is believed to outweigh the benefit. Patient suffers from Pediatric Autoimmune Neurological Disorder Associated with Streptococcus (PANDAS), mitochondrial dysfunction, thyroid disease, induced environmental porphyria, hypoglycemia, irritable bowel syndrome, increased intestinal permeability, gluten enteropathy, and multiple food and environmental allergies. These moderate or severe illnesses may be episodic with acute onset. This precaution avoids causing diagnostic confusion between manifestations of the underlying illnesses and possible adverse effects of vaccination or superimposing adverse effects of the vaccine on the underlying illnesses.

Varicella (Chickenpox)

This immunization may be detrimental to [REDACTED] health. Patient meets the definition of "precaution" which includes a condition that might increase the risk for a serious adverse reaction or any condition that might confuse diagnostic accuracy. The risk from the vaccine is believed to outweigh the benefit. Patient suffers from Pediatric Autoimmune Neurological Disorder Associated with Streptococcus (PANDAS), mitochondrial dysfunction, thyroid disease, induced environmental porphyria, hypoglycemia, irritable bowel syndrome, increased intestinal permeability, gluten enteropathy, and multiple food and environmental allergies. These moderate or severe illnesses may be episodic with acute onset. This precaution avoids causing diagnostic confusion between manifestations of the underlying illnesses and possible adverse effects of vaccination or superimposing adverse effects of the vaccine on the underlying illnesses.

Pneumococcal Conjugate Vaccine (PCV)

This immunization may be detrimental to [REDACTED] health. Patient meets the definition of "precaution" which includes a condition that might increase the risk for a serious adverse reaction or any condition that might confuse diagnostic accuracy. The risk from the vaccine is believed to outweigh the benefit. Patient suffers from Pediatric Autoimmune Neurological Disorder Associated with Streptococcus (PANDAS), mitochondrial dysfunction, thyroid disease, induced environmental porphyria, hypoglycemia, irritable bowel syndrome, increased intestinal permeability, gluten enteropathy, and multiple food and environmental allergies. These moderate or severe illnesses may be episodic with acute onset. This precaution avoids causing diagnostic confusion between manifestations of the underlying illnesses and possible adverse effects of vaccination or superimposing adverse effects of the vaccine on the underlying illnesses.

Meningococcal Vaccine (MenACWY)

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This immunization may be detrimental to [REDACTED] health. Patient meets the definition of "precaution" which includes a condition that might increase the risk for a serious adverse reaction or any condition that might confuse diagnostic accuracy. The risk from the vaccine is believed to outweigh the benefit. Patient suffers from Pediatric Autoimmune Neurological Disorder Associated with Streptococcus (PANDAS), mitochondrial dysfunction, thyroid disease, induced environmental porphyria, hypoglycemia, irritable bowel syndrome, increased intestinal permeability, gluten enteropathy, and multiple food and environmental allergies. These moderate or severe illnesses may be episodic with acute onset. This precaution avoids causing diagnostic confusion between manifestations of the underlying illnesses and possible adverse effects of vaccination or superimposing adverse effects of the vaccine on the underlying illnesses.

Please contact me with any questions or concerns. My office number is 518-320-7517.

Sincerely,

A handwritten signature in black ink, appearing to read 'Peter Forman', with a long horizontal flourish extending to the right.

Peter Forman, MD